

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/525923
APPLICANT(S)

FILING DATE

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 101 | 1 | | | | | |
| 102 | | 1 | | | | |
| 103 | | 1 | | | | |
| 104 | | 3 | | | | |
| 105 | | 3 | | | | |
| 106 | | 3 | | | | |
| 107 | | 3 | | | | |
| 108 | | 3 | | | | |
| 109 | | 3 | | | | |
| 110 | | 3 | | | | |
| 111 | | 6 | | | | |
| 112 | | 9 | | | | |
| 113 | | 15 | | | | |
| 114 | | 10 | | | | |
| 115 | | 30 | | | | |
| 116 | | 30 | | | | |
| 117 | | 30 | | | | |
| 118 | 1 | | | | | |
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| TOTAL IND. | 2 | | | | | |
| TOTAL DEP. | 30 | | | | | |
| TOTAL CLAIMS | 32 | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |